



CHATTAHOOCHEE COUNTY SCHOOLS

PAID PARENTAL LEAVE (PPL) REQUEST FORM

IDENTIFYING INFORMATION

Employee name

Phone number (personal)

Email address (personal)

Phone number (work)

Email address (work)

School assignment/position:

PLANS FOR SUBSTITUTING PAID PARENTAL LEAVE (PPL) FOR FMLA LEAVE

Reason FMLA leave is being requested:

☐ Birth of a child ☐ Placement for adoption ☐ Foster care placement

	ANTICIPATED	ACTUAL
Date of birth or placement		
Date use of PPL begins		
Date use of PPL concludes		
Date of planned return to duty (after use of other types of leave)		

Requested method of using PPL: ☐ Continuous use ☐ Intermittent use*

*Reason(s) intermittent leave is being requested:

*Describe plans for using PPL on an intermittent basis:

EMPLOYEE CERTIFICATIONS *(initial each box)*

	I attest that PPL is being taken because of the birth of my child or because of placement of a child with me for adoption or foster care and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.
	I will provide documentation to support this request, as directed by CCSD.
	I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that CCSD could pursue appropriate disciplinary action, up to and including removal from employment, or make a referral to a Federal entity that investigates whether conduct constitutes a criminal violation).
	If I provided an anticipated date of birth or placement, I will notify CCSD as soon as practically possible of the actual date.
	I attest that I am entering into the required work obligation agreement.
	I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.

Employee's signature:

Date: